



DOM 01-01

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant : Odom, W. et al. )  
Serial No. : 09/977,138 )  
Filed : October 12, 2002 )  
For : Electronic Card Game )  
And Method )  
Examiner : Christina Marks )

Group Art Unit 3713  
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Kellie Carr  
(Dag)  
Kellie Carr

ADDENDUM TO REQUEST FOR ORAL HEARING  
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In association with Appellant's request for oral hearing, Appellant's representative  
respectfully requests that oral hearing **not** be set for the following days as Appellant's  
representative will be unavailable: October 5–8, 2004, October 25, 2004, November 11–12,  
2004, November 19, 2004, November 23–24, 2004, and December 27–31, 2004.

Serial No.: 09/977,138  
Filing Date: October 12, 2002

Respectfully submitted,

ANDERSON & MORISHITA, LLC

Dated: August 12, 2004

By: Robert Ryan Morishita

Robert Ryan Morishita  
Registration No. 42,907  
Anderson & Morishita, LLC  
2725 S. Jones Blvd., Suite 102  
Las Vegas, NV 89146  
(702) 222-2113 Phone



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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

		Application Number	09/977,138	
		Filing Date	Oct 12, 2001	
		First Named Inventor	Odom, Wayne	
		Art Unit	3713	
		Examiner Name	C. Marks	
Total Number of Pages in This Submission		Attorney Docket Number		ODOM01-01

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Oral Hearing Addendum to Request for Oral Hearing Return Postcard
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Anderson & Morishita, L.L.C.
Signature	
Date	August 12, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Katie D. Carr		
Signature		Date	August 12, 2004

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